MAXIMUS Federal Services

Case Number:	CM15-0085067		
Date Assigned:	05/07/2015	Date of Injury:	01/31/2006
Decision Date:	07/02/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 54-year-old [redacted] beneficiary who has filed a claim for chronic neck, upper back, lower back, arm, hand, and shoulder pain reportedly associated with an industrial injury of January 31, 2006. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve requests for OxyContin, Soma, Lidoderm patches, and thoracic MRI imaging. The claims administrator referenced a progress note of March 18, 2015 and an associated RFA form of April 15, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten RFA form dated April 15, 2015, OxyContin, oxycodone, Soma, and Lidoderm patches were sought. In an associated progress note dated March 18, 2015, the applicant reported ongoing complaints of neck pain, shoulder pain, arm pain, and upper extremity paresthesias. Ancillary complaints of back and left leg pain were reported. 9/10 pain complaints were cited. The applicant reported difficulty performing activities of daily living as basic as sitting, lifting, lying, down, and sleeping secondary to pain. The attending provider stated that the applicant was unable to take NSAIDs and was therefore reliant on opioids and topical Lidoderm patches. The attending provider also noted that the applicant had heightened complaints of psychological stress and anxiety. The applicant was unable to work; it was reported owing to issues with inadequately controlled pain. The applicant also expressed concerns that his home would be foreclosed upon and/or that he would be evicted from his home. The applicant had undergone a failed cervical fusion surgery, it was reported. Permanent work restrictions were renewed. OxyContin, oxycodone, Soma, and Lidoderm patches were endorsed, along with repeat thoracic MRI imaging. The requesting provider noted that

the applicant exhibited an antalgic gait without an assistive device. The applicant exhibited 4/5 left lower extremity strength versus 5/5 right lower extremity strength with hyposensorium also appreciated about the left leg. The requesting provider, however, was a physiatrist/pain management specialist, not a spine surgeon. The requesting provider alluded to thoracic MRI imaging of March 17, 2015 demonstrating ventral cord impingement and multilevel central disk herniations causing mild spinal stenosis at the T5- T6, T6-T7, T7-T8, T8-T9, and T9-T10 levels.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One prescription of Oxycontin 60mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids page(s): 80.

Decision rationale: The request for OxyContin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on a progress note of March 18, 2015. The applicant was not working with previously imposed permanent limitations. The applicant reported pain complaints as high as 9/10, despite ongoing OxyContin usage. Activities of daily living as basic as sitting, lying down, and lifting remained problematic on that date, it was acknowledged. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with OxyContin. Therefore, the request was not medically necessary.

One prescription of Soma 350mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol); Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) page(s): 29.

Decision rationale: The request for Soma (Carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long- term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was in fact using a variety of opioid agents, including OxyContin and Oxycodone. Adding Carisoprodol or Soma to the mix was not recommended. Therefore, the request was not medically necessary.

One prescription of Lidoderm patches 5%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine page(s): 112.

Decision rationale: The request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain and neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, as was apparently the case here with the applicant's having reportedly difficulty tolerating gabapentin and Lyrica owing to side effects associated with the same, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant was off of work as of the date in question, March 18, 2015. Permanent work restrictions were renewed, unchanged, from visit to visit. Ongoing usage of Lidoderm patches failed to curtail the applicant's dependence on opioid agents such as OxyContin or oxycodone. The applicant was having difficulty performing activities of daily living as basic as sitting, lifting, and lying down, it was reported on March 18, 2015. 9/10 pain complaints were evident on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.

One MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic): MRI (2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints page(s): 182.

Decision rationale: The request for MRI imaging of the thoracic spine was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the neck and/or upper back to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, however, there was no mention of the applicant's willingness to act on the results of the study in question and/or consider surgical intervention involving the thoracic spine based on the outcome of the study. The requesting provider was a physiatrist, not a spine surgeon, reducing the likelihood of the applicant's acting on the results of the study in question. It was not clearly stated or clearly established why a repeat thoracic MRI imaging was being sought so soon after the applicant had

had earlier thoracic MRI imaging on March 17, 2015 demonstrating low-grade disk herniations of uncertain clinical significance. Therefore, the request was not medically necessary.